

VISVA-BHARATI



EXAMINATION SECTION **NOTIFICATION**

EXAMINATION URGENT

1. *The Director of Studies, Educational Innovations and Rural Reconstruction, Visva-Bharati*
2. *The Adhyaksha, P.S.V., Visva-Bharati*
3. *The HOD, Social Work, Visva-Bharati*

I am directed to notify the following examination schedule in connection with 1 Year Post-Graduate Diploma in Disability Studies Semester-I Examination 2017 for regular candidates.

The dates for deposit of examination fees are as follows :

<u>Without Late fees</u>	<u>12-01-2018 to 13-01-2018</u>
<u>With Late fees</u>	<u>15-01-2018</u>

Tentative dates of the above examination, 2017 : January – February, 2018

All the students will fill up the Examination Form for the forthcoming examinations and submit to the Department/Bhavana Office after fulfilling the criteria along fees receipt.

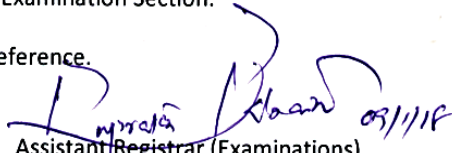
The Principals of the Bhavanas/Heads of the Departments are requested to bring it to the notice of all concerned students.

In the event of any problem, the students may contact the Examination Section.

A copy of the Examination Form is enclosed for your kind reference.

Memo No.Exam.E.8.9/2017-18

Date : 09.01.2018


Assistant Registrar (Examinations)
Visva-Bharati

Copy forwarded for information to :

1. The In-Charge, Computer Centre, Visva-Bharati – with a request to upload in the University Website.
2. The Assistant Registrar, Office of the Pro-Vice-Chancellor, Visva-Bharati
3. The Accounts Officer/Assistant Accounts Officer, Visva-Bharati
4. Section Officers, Examination Section, Visva-Bharati

VISVA-BHARATI



**Examination for the 1-Year Post-Graduate Diploma
in Disability Studies 20____
SEMESTER _____**

APPLICATION

To
The Deputy Registrar (Examinations)
Visva-Bharati, Santiniketan

Sir,

I would request permission to present myself at the ensuing Examination for the 1-Year Post Graduate Diploma in....., 20.....

The following fees are forwarded herewith.

- (i) Examination Fee of Rs.
- (ii) Mark sheet Fee of Rs.

If any statement made by me in the application is found to be not true or if it appears that in the opinion of the University, I have in any way contravened the provisions of the University Rules and Regulations relating to the Examination 20____, my admission to the Examination will be liable to be cancelled by the University.

I am,
Sir,
Yours obediently,

Signature (in full).....

Address(Home).....

P.O.....Dist.....Pin Code.....

State.....Mobile No.....Email ID.....

CERTIFICATE

I certify that the above-named candidate having pursued the 1-Year Post-Graduate Diploma in Disability Studies Semester....., 20..... course, has attended and completed the regular course of instructions as prescribed by the University for the 1-Year Post-Graduate Diploma Semester....., 20..... that he / she has passed the college periodical examination and other tests; that his / her conduct has been good and that he / she is a fit and proper person for the Examination.

.....
Adhyaksha

Date :, 20.....

